

Kershaw County Damage Claim Form

INSTRUCTIONS: Please type or print, except where signature is indicated. If this claim is being submitted for damage to a registered vehicle, the owner(s) of the vehicle must be the claimant(s), and a copy of the vehicle's registration must be attached. In addition to this Claim Form, two repair estimates or a paid invoice must be submitted to substantiate the amount being claimed. Please attach photos. In the case of personal injury, or non-vehicular claims, documentation of losses will be required. All applicable fields on this form must be completed. Claimant(s) signature(s) must be properly notarized. Submit to Public Works, 860 Park Road, Cassatt, S.C.

Claimant(s)			
Contact Person(if Claimant is a company/ organization)		Email Address	
Address (Street, Apartment Number, PO Box)		City	State Zip

() _____ Home Phone		() _____ Work Phone		() _____ Cell Phone		Vehicle Make _____ Model _____		_____ Tag Number & State	
_____ Date of Incident		_____ Time of Incident		AM or PM		\$ _____ Amount-Claimed-Personal Injury		\$ _____ Amount Claimed-Property Damage	

Place of incident _____

Route/Road where incident Occurred _____

Nearest Intersecting Route/Road _____

In or near town	County	Reported to Law Enforcement? Agency?

Description of incident; including cause and type of damage or injury (and all parties involved):

Signed: _____

Witness or Witnesses to Incident (Name, Address, Phone Number)

AFFIDAVIT

COUNTY OF _____ STATE OF _____

Personally appeared before me _____, **who, upon oath,**
Claimant(s) Name

says that the above claim is true and just, and that he/she has not received compensation from other sources for damages claimed.

Sworn to before me this _____ day of _____, 20____

Notary Public for _____ (State)

Printed name of notary _____

Printed name of
Claimant(s) _____

Signature(s) of claimant(s) _____

My commission expires _____ Date

This is page 2 of 2-Both pages must be completed.